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# ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. \_\_\_\_\_  
Registered No. 157

1. PLACE OF BIRTH

County Gila State Arizona  
Township Hayden or Village \_\_\_\_\_  
City \_\_\_\_\_

2. Full name of child Raquel Gonzales  
If birth occurred in a hospital or institution, give its NAME (instead of street and number)  
If child is not yet named, make supplemental report, as directed

3. Sex Female 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_  
6. Posture prone 7. Legitimacy yes 8. Date of birth 7/19/1931  
(Month, day, year)

9. Full name of FATHER Pablo Gonzales 18. Full maiden name of MOTHER Lucia Miranda

10. Residence (usual place of abode) (If nonresident, give place and State) Hayden  
11. Color or race Mex 12. Age at last birthday 28 (Years)  
20. Color or race Mex 21. Age at last birthday 23 (Years)

13. Birthplace (city or place) (State or country) Gilbert Ariz  
22. Birthplace (city or place) (State or country) Gilbert Ariz

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. h. m.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Power Plant  
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work April 1930  
17. Total time (years) spent in this work 4 1/2  
25. Date (month and year) last engaged in this work \_\_\_\_\_  
26. Total time (years) spent in this work 6 1/2

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation \_\_\_\_\_ months or weeks 29. Cause of stillbirth \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 6 20 P.M. on the date above stated (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
Given name added from a supplemental report 972-719-346  
(Date of) 972-719-346  
Registrar \_\_\_\_\_

(Signed) St. R. W. W. W. M.D.  
or \_\_\_\_\_ Midwife  
Address Hayden, Ariz  
File July 22, 1931 157  
Registrar \_\_\_\_\_